

MONEY TRANSMISSION BUSINESS APPLICANT INDIVIDUAL BACKGROUND FORM

* This form is to be completed by each of the following individuals:

<u>Corporation</u>	<u>Limited Liability Corp</u>	<u>Partnership</u>	<u>Sole Proprietorship</u>
Responsible Individual	Responsible Individual	Responsible Individual	Responsible Individual
Executive Officers	Manager	Managing Partner	Owner
Principals, Key Shareholders (own 20%) Controlling Persons (own 25%)	Member (own 10%)	General Partners	Spouse of Owner
Other Officers (VP or equivalent)			
Board Directors			

**** A personal credit report which includes a public records search must be provided for individuals with 25% Ownership or 20% Key Shareholders.***

NAME OF APPLICANT (COMPANY):

INDIVIDUAL INFORMATION:

<i>Last Name</i>	<i>First Name</i>	<i>Full Middle Name</i>
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Date of Birth _____ Place of Birth _____

Citizenship _____ Social Security Number _____

Drivers License Number: _____ State issued: _____

If the individual has ever used any other name (eg: maiden, prior marriage, nickname, etc), SSN, or DOB (including errors made by others), list below. If not, then please write none.

INDIVIDUAL'S RESIDENCE:

STREET ADDRESS

CITY/COUNTY _____

STATE/ZIP CODE

RESIDENTIAL PHONE/E-MAIL

AUTHORIZATION FOR BACKGROUND INVESTIGATION – INDIVIDUAL

TO WHOM IT MAY CONCERN

I hereby authorize and request that all local, municipal, city, county, state and federal law enforcement authorities furnish such information as they may have available concerning me, including information regarding criminal records, investigations, background, or similar information, whether known to me or otherwise, and that all credit reporting bureaus shall be allowed to disclose all credit information including credit score concerning me, to the Department of Financial Institutions of the Commonwealth of Kentucky. It is understood that the Department shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

A copy of this authorization shall be accepted with the same force and validity as the original.

Signature of Individual

Date

**MONEY TRANSMISSION BUSINESS LICENSE APPLICANT INDIVIDUAL BACKGROUND FORM
(CONTINUED)**

NAME OF APPLICANT (COMPANY): _____

Individual's Last Name

First Name

Full Middle Name

INDIVIDUAL'S POSITION WITH APPLICANT _____
IF OWNER, PERCENT OF INTEREST OWNED _____

To be completed if the individual is NOT employed by the applicant:

EMPLOYER/COMPANY NAME _____
STREET ADDRESS _____
CITY/COUNTY _____
STATE/ZIP CODE _____
BUSINESS PHONE _____
POSITION _____

(1)	Are you a US Citizen? <input type="checkbox"/> No – attach proof of legal immigration status to work in the US <input type="checkbox"/> Yes
(2)	Other than the current applicant have you held any position with any money services business or related business (es) in the past five years? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(3)	During your affiliation with each business listed in number two were there any adverse or administrative actions taken by any jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(4)	Have you been convicted of any crime within ten years of the date of this application in any jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(5)	Are there any criminal charges against you pending as of the date of this application? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(6)	Are you presently involved in, or been subject to within 10 years, any form of civil litigation? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(7)	Have you personally, or as the principal of another business entity, ever filed for bankruptcy protection or entered into receivership? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(8)	Does your name appear on the US Treasurer's listing of Blocked Nationals? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page

**MONEY TRANSMISSION BUSINESS LICENSE APPLICANT INDIVIDUAL BACKGROUND FORM
(CONTINUED)**

SIGNATURE AND OATH OF INDIVIDUAL

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge. Further, I have read, understand, and will comply with the provisions of the Kentucky Money Transmitters Act of 2006 and regulations promulgated by the Kentucky Department of Financial Institutions in furtherance of such Act {and provisions contained in Kentucky Administrative Regulation}. I understand that any false statement or omission of material information in connection with this application shall be punished as provided by law, including civil and criminal sanctions, and may subject the applicant to a denial of license application, or the suspension, limitation, or revocation of any license granted.

Signature

Printed Name

Date Signed

